Optum

Case Management Note

Client Name:	Date of Service:
Length of Session:	Location of Service:
CPT Code:	Diagnosis/ICD Code:

Services Needed or Problem Being Addressed

(Documentation should support why this service is necessary as it relates to current impact on client mental health impairments and/or progress toward goals)

Action Taken

(Describe actions or interventions taken to address the client's current need for services and how service addresses impact to client's mental health problem list or progress toward goals)

Response

Plan of Care

Follow up

Client agreed to plan of care: ☐ Yes ☐ No

Clinician Signature:	
Clinician Printed Name:	Date:

Funding for services is provided by the County of San Diego Health & Human Services Agency